

22-7008

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Maurice Reynolds dba  
Reynolds Transport &  
Shuttle Service

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 391 - 1

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Maurice Reynolds

Telephone: \_\_\_\_\_

Address: 308 Ellington Rd  
Pendleton, SC 29670

Fax: \_\_\_\_\_

Other: \_\_\_\_\_

Email: \_\_\_\_\_

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☒ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: \_\_\_\_\_

RECEIVED  
DEC 01 2010  
PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: 9/10/10

CLASS C - Taxi

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Maurice Reynolds dba Reynolds Transport & Shuttle Service  
308 Ellington Rd Pendleton, SC 29670  
Street Address of Applicant

Mailing Address of Applicant if different from street address

864-940-5517  
Phone Fax

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

*gbs*

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month 9 Year 2010

### Assets:

Cash	\$ 100.00
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	\$ 2000.00
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	\$ 100.00
Prepays and Other Assets	\$ 150.00
<b>Total Assets</b>	<b>\$ 2350.00</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	- 0 -
Notes Payable	- 0 -
Mortgages Payable	- 0 -
Equipment Obligations	
Accrued Salaries and Wages	- 0 -
Other Accrued Obligations	- 0 -
Other Liabilities	- 0 -
<b>Total Liabilities</b>	<b>- 0 -</b>
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	<b>- 0 -</b>

## PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$ 5.00 sit down fee  
\$ 5.00 per mile

Counties to be Served:

Statewide

Maximum Number of Passengers per Vehicle:

7

## DESCRIPTION OF EQUIPMENT

[illegible]

For Hire

Commercial Insurance

will need Form E sent  
to SC Office of Regulatory Staff

Fax : 803-237-0815

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Maurice Reynolds dba Reynolds Transport & Shuttle Service  
Name of Motor Carrier

308 Ellington Rd. Pendleton, SC 29670  
Address of Motor Carrier

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ \_\_\_\_\_ Limits \_\_\_\_\_

The above quoted premium is for a term of \_\_\_\_\_ months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers	\$ 25,000/50,000/25,000
8-15 Passengers	\$ 25,000/100,000/25,000

*See attached  
Quote*

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

# Johnson & Johnson, Inc., Managers

P.O. Box 899  
200 Wingo Way, Suite 200  
Mt Pleasant, SC 29464

Phone: (843) 577-1440 (Direct)  
Fax: (843) 577-1540(Direct)  
Nationwide: 800-487-7565 (ext. 3040)

Producer: Bryan DeVore/Select Insurance  
Subject: Reynolds Transportation & Shuttle Service  
Quote # TRQ05674

Date: 11/22/2010

Effective Date: ASAP

AUTO LIABILITY			
Company	National Casualty Insurance Co.		
Liability sym 7	\$100,000	Liability Premium	\$6,057.00
Med Pay sym 7	\$5,000	Med Pay Premium	\$264.00
UM/UIM sym 7	\$100,000	UM Premium	\$138.00
Quote Based On	Public 1	Trailers	
PHYSICAL DAMAGE			
Company	National Casualty Insurance Co.		
Comprehensive	N/A DED	Physical Damage	N/A
Collision	N/A DED	Premium	
Total Insured Values			
Commission	10%		
Total Policy Premium: \$			6,459.00

Quoted By: Debbie Miller  
Transportation Underwriter

## Quote Subject To:

### Signed and completed company application and UM/UIM forms

Acceptable MVRs on all drivers

Prior Carrier Loss/history runs showing no losses

Drivers must have at least 2 years experience with similar vehicles

Vehicle Inspection for vehicles 20 years and older

**Drivers under the age of 24 may be subject to additional premium and/or exclusion**

**CA2402 – Public Transportation Autos, CA-77 – Sexual and/or Physical Abuse Exclusion,**

**CA 2030 – Emergency vehicles – volunteer firefighters and workers**

**CA 2018 – Professional Services Not Covered**

This quotation is subject to signed Application, Signed UM/UIM forms, and favorable MVRs. If any of these conditions do not

meet our approved guidelines, immediate termination of the policy will take place. The Company may withdraw it's quotation at any time prior to acceptance and in no event will it remain open for acceptance beyond thirty (30) days

from the above date. Coverage may not be bound without prior authorization from Johnson & Johnson Inc., Managers.



**Exhibit FWA**

Maurice Reynolds dba Reynolds Transport & Shuttle Service  
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

### **Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA )

COUNTY OF )

Anderson

Maurice Reynolds  
Applicant's Signature

I, Maurice Reynolds, owner  
Name of Applicant's Representative Title

of Reynolds Transport & Shuttle Service,  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Maurice Reynolds  
Signature of Applicant's Representative

SWORN TO BEFORE ME  
This 30<sup>th</sup> day of Nov, 2010

[Signature]  
Notary Public

Commission Expires 7/29/2020